PTO/SB/17 (10-08)
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Under the Paperwork Redu	ction Act of 199	5, no person are required t	c respond to a collect				control number	
Effective Fees pursuant to the Consolidat	Complete if Known Application Number 10/540,735-Conf. #9109							
	733000000000000000000000000000000000000		ebruary 28, 2006					
FEE TRANSMITTAL			-	st Named Inventor Yehuda Turgema		······································		
For FY 2009			}	Examiner Name C. A. Laforgia				
X Applicant claims amell	ontifu etatue	Son 37 CED 1 27		minimi				
X Applicant claims small entity status. See 37 CFR 1.27			Art Unit 2131		6727/020307	074-US0		
TOTAL AMOUNT OF PAYMENT (\$) 65.00			Attorney Docket No. 06727/0203074-050					
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order Other (please identify):								
x Deposit Account Deposit Account Number: 04-0100 Deposit Account Name: Darby & Darby P.C.								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
x Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
X Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17								
FEE CALCULATION								
1. BASIC FILING, SEARCH								
	FILIN	G FEES SE Small Entity	EARCH FEES Small Entity		ATION FEES Small Entity	i		
Application Type	Fee (\$)	Fee (\$) Fee (Fee (\$)	Fee (\$)	Fees F	aid (\$)	
Utility	330	165 540	270	220	110		<u> </u>	
Design	220	110 100	50	140	70		 	
Plant	220	110 330	165	170	85		:	
Reissue	330	165 540	270	650	325			
Provisional	220	110	0	0	0			
2. EXCESS CLAIM FEES							Small Entity	
Fee Description Each claim over 20 (includ	ing Reissues)				Fee (\$) 52	Fee (\$) 26	
Each independent claim over	T 10.	•				220	110	
Multiple dependent claims						390	195	
Total Claims Ex	tra Claims	Fee (\$)	Fee Paid (\$)		Multiple Dependent Claims			
1 - 26 or HP	0 x	26.00 =	0.00	Fee	(\$)	Fee Paid (\$	7	
HP = highest number of total clai	ims paid for, if g	reater than 20						
Indep. Claims Ex	tra Claims	Fee (\$)	Fee Paid (\$)					
1 6 or HP =		110.00 =	0.00					
HP = highest number of indepen		d for, if greater than 3:.	:					
3. APPLICATION SIZE FEE If the specification and dra listings under 37 CFR sheets or fraction there	awings exceed 1.52(e)), the	application size fee d	lue is \$270 (\$135	for small ent	ed sequence or tity) for each a	computer additional 5	0	
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
	on. \$130 fe	e (no small entity dis	count)			1.555	1.110.121	
Non-English Specification, \$130 fee (no small entity discount) Other (e.g., late filing surcharge): 2351 Extension for response within first month 65.00								
	(4 /) (L /)	X	Registration No. (Attorney/Agent)	25,351	Telephone	(212) 52	7-7700	
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7.77					£		***************	

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Express Mail Label No.	Dated:	